



The Commonwealth of Massachusetts

Department of Public Safety

State Boxing Commission
One Ashburton Place, Room 1301
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VERIFICATION OF EXPERIENCE FOR PROFESSIONAL DEBUT

I. Biographical Information

Name of fighter: _____
Date of Birth: _____ Social Security #: _____
Height: _____ Weight: _____
Home address: _____

II. Experience

Amateur Record: _____ Length of training period for present match: _____
Name and Address of Trainer: _____

Name and Address of Manager (if any): _____
Name and Address of Gym: _____

III. Attestation

Two individuals with personal knowledge must attest as to the fitness of the boxer to participate in a professional boxing match by completing the sections below.

1. I, _____, hereby swear or attest under the pains and penalties of perjury that in my opinion the above named boxer has the necessary skills and is otherwise fit to compete in a professional boxing match.

-Relationship to boxer: _____
-Length of time known boxer: _____

Signature

Date

2. I, _____, hereby swear or attest under the pains and penalties of perjury that in my opinion the above named boxer has the necessary skills and is otherwise fit to compete in a professional boxing match.

-Relationship to boxer: _____
-Length of time known boxer: _____

Signature

Date